

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26191

STATE FILE NUMBER

Registration District No. _____

318

Primary Registration District No. 1003

1003

Registrar's No. 6792

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Missouri b. COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Enroute to City Hosp. | | c. CITY OR TOWN St. Louis | |
| Length of stay in lb | | d. STREET ADDRESS 1819 S. 7th (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE A. HERBERGER | | 4. DATE OF DEATH Month Day Year 7 20 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-13-1886 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 9. AGE (In years last birthday) 70 |
| 13. FATHER'S NAME Antone Herberger | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 14. MOTHER'S MAIDEN NAME Emma Younger | | 16. SOCIAL SECURITY NO. 498-01-1491 | |
| 17. INFORMANT Geo. Herberger, Jr., 1819 S. 7th | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Sclerosis DUE TO (b) Arterio Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Last name or title) James M Kelly Deputy Coroner | |
| 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 7-22-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 7-23-1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
| 24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette | | 25. DATE RECD. BY LOCAL REG. JUL 22 57 | |
| 26. REGISTRAR'S SIGNATURE Earl Smith | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

James R. Chapman
Licensed Embalmer No. 45
P. O. Address *H. L. Loring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.